



STATE OF WASHINGTON

DEPARTMENT OF HEALTH

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November 27, 2023

Washington State Department of Health  
Health Systems Quality Assurance  
PO Box 47850  
Olympia, WA 98504  
ATTN: Sherry Thomas, Policy Coordinator

Re: Washington State Sunrise Review on Senate Bill 5411

Dear Ms. Thomas:

We are writing to convey the Washington State Board of Naturopathy (Board)'s support for the expansion of naturopathic physician scope of practice as proposed in Senate Bill 5411. We respectfully request the Department's consideration of the following points when making its recommendation to the legislature:

*Context:*

The practice of naturopathic medicine seeks to restore and maintain optimum health in patients by emphasizing the natural and inherent self-healing process. It is a distinct method of healthcare described as the art, science, philosophy, and practice of diagnosis, treatment, and prevention of illness. A naturopathic physician's approach starts with the least invasive but effective method possible and - on a case-by-case and patient-by-patient basis - includes a wide variety of treatment modalities. This Board's position is that the treatment options available to naturopathic physicians should encompass all options that are available to and routinely used by all other recognized primary care providers - to include medications regulated as controlled substances under the Uniform Controlled Substances Act. This proposed scope expansion for naturopathic physicians would increase public safety and public health by granting a wider range of options and reducing costs associated with unnecessary duplicative care.

*Naturopathic training and licensure:*

The applicant report submitted by the Washington Association of Naturopathic Physicians (WANP) provides comparisons among the various healthcare provider types in Washington that already have advanced scope of practice (including advanced prescriptive authority). It is clear that the foundational training of naturopathic physicians

already meets or exceeds that of other providers who presently enjoy advanced and autonomous scope.

After completing training at a U.S. Department of Education-accredited naturopathic medical school, Washington-licensed naturopathic physicians are required to successfully pass the minimal competency naturopathic physicians licensing examination (NPLEX), Parts I and II, as well as the Minor Surgery Elective Exam. They are also required to pass a jurisprudence exam that provides an overview of applicable laws and scope of practice in Washington. Prior to prescribing the limited controlled substances currently in naturopathic scope of practice, a naturopathic physician must complete additional training spelled out in WAC 246-836-211 and seek and obtain approval by this regulatory Board prior to applying for a registration with the U.S. Drug Enforcement Administration (DEA).

On an on-going basis, Washington-licensed naturopathic physicians must complete continuing competency training, which consists of 60 hours every 2 years of continuing education, and which requires a minimum of 15 hours of pharmacology-specific training every 2 years.

Additionally, we note that this bill requires naturopathic physicians with authority to prescribe controlled substances to register with the Prescription Monitoring Program (PMP) through the Department of Health. This requirement adds an additional safeguard and visibility into prescribing trends of naturopathic physicians. Lastly, naturopathic physicians who prescribe controlled substances are already subject to the same requirements as all other prescribers in terms of e-prescribing and in terms of training on opioid prescribing as required by the recently passed federal MATE Act.

*Regulation of naturopathic physicians:*

Once licensed, naturopathic physicians in Washington are regulated by the Washington State Board of Naturopathy, under the oversight of the Washington State Secretary of Health. The board disciplines Naturopathic physicians using an equivalent statutory framework as all other health professions under Uniform Disciplinary Act. Any complaints related to substandard or inappropriate prescribing are always taken very seriously.

*History of safety:*

More than a decade of data on disciplinary actions and complaints in Washington State demonstrates that naturopathic physicians practice safely. Even with authority to prescribe codeine, which is an opiate drug, since 2005, there has been little evidence of safety concerns regarding naturopathic physicians' prescribing practices. This Board is confident that this history of safe prescribing will continue once expanded prescriptive authority is granted.

*Rulemaking:*

Finally, this Board has a demonstrated history of careful and cautious rulemaking for the naturopathic physician profession, and we will continue our efforts with a focus on keeping the public safe. We want to assert that we are ready and willing to engage in a thorough rulemaking process as required by Senate Bill 5411.

In closing, the mission of the Board of Naturopathy is to represent the people of Washington State in matters related to patient safety and determining acceptable standards of naturopathic medical care. With this in mind, the Board supports the current effort to expand the scope of practice - to include the prescriptive authority - of naturopathic physicians licensed in Washington State.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink that reads "Krystal Richardson". The signature is written in a cursive, flowing style.

Krystal Richardson, ND  
Chair, on behalf of the Board of Naturopathy



November 17, 2023

Washington State Department of Health  
Health Systems Quality Assurance  
PO Box 47850  
Olympia, WA 98504

ATTN: Sherry Thomas, Policy Coordinator

Re: Washington State Sunrise Review on Senate Bill 5411

Dear Ms. Thomas,

I am writing on behalf of the Council on Naturopathic Medical Education (CNME) in support of the expansion of the scope of practice of naturopathic physicians licensed in Washington State that has been proposed by the Washington Association of Naturopathic Physicians (WANP).

The CNME is an accrediting agency for doctoral programs in naturopathic medicine (ND programs) in the United States and Canada. Graduation from a CNME-accredited ND program qualifies an individual to take the NPLEX licensing exam and to become a licensed naturopathic physician in U.S. states and Canadian provinces where naturopathic medicine is regulated. The CNME is recognized as an accrediting agency for ND programs by the U.S. Department of Education (USDE), and thus meets the USDE's stringent regulatory requirements.

CNME's mission is quality assurance. Our agency serves the public by accrediting doctoral programs in naturopathic medicine in the U.S. and Canada that meet or exceed our educational standards. Our in-depth accreditation process promotes high-quality naturopathic medical education and training with the goal of ensuring safe and effective practice. Our educational standards provide the basis for licensing/regulating naturopathic doctors in the U.S. and Canada. In recognition of the importance of hands-on practice in providing comprehensive medical education, the CNME does not accredit programs delivered predominantly via online or distance education.

The applicant report submitted by the WANP includes information from the 2022 edition of the CNME *Handbook of Accreditation for Naturopathic Medicine Programs*, and we wanted to take the opportunity to confirm the information provided and to provide some recent updates made by our Board of Directors.

First, the CNME board recently affirmed that all NDs are trained to be primary care physicians and voted to add the following definition to the CNME *Handbook of Accreditation*:

*Naturopathic Primary Care (from the Primary Care Position Paper of the Naturopathic Academy of Primary Care Physicians): Naturopathic primary care is defined as a holistic, community-based, first contact with the medical system for undifferentiated patients.*

COUNCIL ON NATUROPATHIC MEDICAL EDUCATION



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Second, because of the training our schools offer in pharmacology including both legend and controlled medications, the CNME board recently voted to change the term “legend drugs” to “pharmaceutical drugs” in the accreditation standards. This change is effective with the issuance of the next edition of the handbook, which will be published by January 2024. The relevant section reads:

*The academic component [of the ND program] provides an in-depth study of human health, as well as instruction in a variety of therapeutic and clinical subject areas relevant to the practice of naturopathic medicine; where appropriate, instruction includes related experiences in laboratory settings designed to reinforce and augment classroom learning. The following subject matter/courses are included:*

- a. Biomedical sciences, including anatomy, gross anatomy lab, neuroanatomy, embryology and histology; physiology; pathology and microbiology; and biochemistry, genetics and selected elements of biomechanics relevant to the program*
- b. Environmental and public health, including epidemiology, immunology and infectious diseases*
- c. **Pharmacology and pharmacognosy***
- d. Diagnostic subject matter/courses, including physical, psychological, clinical, laboratory, diagnostic imaging, and differential diagnoses*
- e. Therapeutic subject matter/courses, including as required subject areas: botanical medicine, **emergency and pharmaceutical drugs**, clinical nutrition, physical medicine, exercise therapy, hydrotherapy, counseling, nature cure, basic acupuncture and traditional Chinese/Asian medicine theory, homeopathy, medical procedures/emergencies, and minor surgery.*

In short, the CNME affirms that naturopathic physicians educated in a CNME-accredited naturopathic medical program are trained as naturopathic primary care physicians, and that their training covers basic medical sciences, advanced clinical sciences, and pharmacology (including controlled substances and information on drug-herb-nutrient interactions) in addition to foundational training in public health, diagnostics, and non-pharmacologic therapeutics.

Given the rigorous accreditation standards established and enforced by the CNME, we are confident that naturopathic physicians trained at a CNME-accredited program are competent to safely and effectively engage in a full primary care scope of practice, including advanced prescriptive authority, as requested by the WANP. We therefore support the expansion of naturopathic scope of practice contained in Senate Bill 5411.

Sincerely,



Daniel Seitz, JD, EdD  
Executive Director

To Washington Department of Health,

I am commenting on SB 5411, regarding expanding scope of practice for naturopathic physicians. I urge you to recommend that this bill be passed.

I would like to share some experiences I've had as a patient. I have received primary medical care from naturopathic physicians since 2002. This has been of great benefit to me.

Here is an example of a good outcome that I would be less likely to experience had I seen a non-naturopathic physician. In early 2012, my naturopathic physician checked my C-reactive protein, and found that it was 2.71. At the same time, my cholesterol levels were starting to go in a bad direction. In response, she assigned me to an anti-inflammatory diet (specifically, the Abascal Diet, developed by an herbalist on Vashon Island). After six months on this diet, I had a follow-up blood test, with the following results. The first number is from April, 2012, when I started the diet; the second number is from October, 2012.

- 
- 
- Total cholesterol: 233 in April ->
- 196 in October
- 
- 
- 
- HDL cholesterol: 83 in April -> 87
- in October
- 
- 
- 
- LDL cholesterol: 138 in April -> 98
- in October
- 
- 
- 
- VLDL cholesterol: 12 in April -> 11
- in October
- 
- 
- 
- Glucose, serum: 92 in April -> 86 in
- October
-

- 
- 
- C-Reactive Protein: 2.71 in April ->
- 0.46 in October
- 

In addition to good results from the blood test, my lived experience improved tremendously. I had been suffering from increasing general stiffness, intermittent lower back pain, itching on my lower back, and extreme dry skin on my hands; these symptoms all cleared up entirely.

I have been so happy with my naturopathic care that since turning 65 in 2020 and enrolling in Medicare, I have continued to get primary care from my naturopathic team, despite the fact that Medicare has made this expensive and difficult.

My Medicare plans have required me to designate an "official" primary care physician who was an MD or a DO. I have done this, but I only see this doctor when required to by my insurance; my actual primary care is still with my naturopathic physician.

In 2022, I noticed my right armpit had retracted several inches. I needed an ultrasound and mammogram, but my insurance would not cover these procedures unless they were prescribed by an MD or a DO, so after consulting with my naturopath, I had to make an additional appointment with the insurance-approved DO so she could prescribe the tests.

This happened a second time, when an alk. phos. test was elevated. The x-rays required to rule out Paget's disease of the bone needed to be ordered by the insurance-approved physician, requiring me to have another duplicate appointment.

I have recently been diagnosed with EPI, apparently due to a cyst in my pancreas. I will need to take pancreatic enzymes with every meal for the rest of my life. These are extremely expensive without insurance coverage. I am in the process of applying for a free supply through a pharmaceutical company, but I need to clarify with them whether they will accept my application if the prescription for the enzymes comes from a naturopath. If the answer is no, I will need to go to an MD for the prescription.

It is a source of great frustration to me that Medicare plans (and potentially, pharmaceutical companies) don't recognize naturopaths as legitimate primary

care providers. It makes my decisions about which insurance plan to buy much more confusing and difficult, and it wastes my time and energy when I have to schedule duplicate appointments.

I urge you to recommend that the legislature vote to expand the scope of practice of naturopathic physicians. I look forward to the day when I can get the excellent care I currently get from them, without the frequent extra expense, confusion, and hassle.

Thank you very much for your consideration. I would be happy to supply further details, if that would be helpful.

Sincerely,  
Elizabeth Burton, PhD



November 15, 2023

Dear Ms. Thomas,

Thank you for the opportunity to provide comment on the sunrise review of the naturopathic scope of practice. I am a Family Medicine physician practicing in Yakima, WA. I am opposed to the majority of the proposed naturopathic scope of practice expansions. I strongly urge the Department of Health to oppose most elements of the proposal, which would compromise the safety of our patients and the effectiveness and quality of care delivered in our state. I do feel that some limited primary care scope could be considered for those who completed a primary care residency/fellowship.

Naturopathic education does not prepare a naturopath to accurately provide the majority of the medical treatments considered in the application. While Naturopathic Medical Schools and Medical Schools for Allopathic and Osteopathic physicians are 4 years in length, and include clinical science studies in anatomy, physiology and pathophysiology, there are some distinct differences in the clinical experience between naturopaths and physicians from osteopathic and allopathic disciplines. I am not aware of any of the current 7 naturopathic medical schools that adequately prepare naturopaths to prescribe medications, in particular controlled substances, and do so safely as part of a comprehensive treatment plan. Additionally, there are very limited primary care internships/residency/fellowship opportunities for Naturopaths and they do not offer a standardized assessment or certification of a specific set of knowledge, skills and abilities, such as is offered through board certification in primary care specialties such as Family Medicine, Internal Medicine, or Pediatrics.

As a functional medicine trained physician, I have great respect for what Naturopathic providers can provide in helping patients address root causes of disease and find a path to wellness and healing without medication, and often with needed supplements and dietary support that often is lacking in traditional medical education. Naturopaths get special clinical training in during their clinical rotations in clinical nutrition, acupuncture, homeopathic medicine, botanical medicine, physical medicine, and counseling – these are strengths that set them apart from traditional allopathic and osteopathic medicine physicians. However, there are many aspects of primary care that I do not feel Naturopaths are well prepared in their training to provide an expanded scope of services as requested: prescribing of controlled substances, minor office procedures, and completion of certification cards, documents, and forms that a physician or advanced practice provider would typically perform.

You may hear arguments about passing medical boards (USMLE or COMLEX I, II, and III) – well naturopaths have that as well (two-part examination – NPLEX). You may hear arguments that Naturopaths are not evidence-based, which I argue is not the case – even if the evidence is less robust when applied across a variety of patients, I do believe there is a good role for Naturopaths within the state. My argument against the proposed scope change is that their strengths and experiences in Naturopathic training does not prepare them to perform the requested expansion of scope.

For controlled substances, I see we have a crisis within the state and the country of excessive controlled substances – legally prescribed and illegally obtained - that is not going to improve with expansion of providers able to prescribe them. Naturopathic providers are not trained in the issues of controlled substance prescription, abuse, diversion, overdose, and dependency that allopathic and osteopathic physicians and other allopathic advanced practice providers have. Where can naturopaths help in this arena? Addressing root causes of disease and

helping patients address chronic pain, anxiety, sleep, and addiction from a naturopathic perspective. They have so much to add to the clinical experience, but prescribing controlled substances is not one of them.

Naturopaths can in many states perform limited office procedures, such as dry-needling, IM injection of vitamins and other nutraceuticals, and such. I am in favor of such limited scope office procedures. They are not adequately trained and prepared to do other more invasive procedures such as excision, suturing, contraceptive management, and abortive services. I do feel that the lack of clinical experience and training could lead to significant patient safety outcomes for patients.

Naturopaths can complete many forms in various states, such as work/school excuses and such. I do have issues if they are signing off on forms for care they do not provide, such as injury return to work/school, immunization exemption (particularly if they do not provide immunizations), and other attestations for care they do not render. This is probably a bit more of a grey area, since they likely can functionally assess a patient who requires a disability placard, for example, but may not be the best to sign off on a Labor and Industries claim.

Thank you for the opportunity to share my concerns with this proposal. Again, I urge the department to oppose all elements of the proposal.

Sincerely,

A handwritten signature in black ink, appearing to read 'Gray Dawson', with a stylized flourish at the end.

Gray Dawson, MD, MBA / Family Physician

To whom it may concern,

I am writing in favor of comprehensive prescriptive authority for naturopathic doctors in the state of Washington. As already stated in WANP's Proposal to Increase Scope of Practice, there are other states with comprehensive prescriptive authority (Montana, Oregon, and Vermont) as well as additional states with other expansions. Naturopathic physicians (NDs) in Washington State are recognized as primary care providers to deliver safe and effective primary care yet the restrictions on pharmaceutical prescriptions limit NDs from providing comprehensive primary care services. Washington State has regulated NDs since 1919, longer than any other state in the nation. Primary care shortage is no stranger to Washington state. Expanded prescriptive authority to a provider type who can provide high quality and safe comprehensive primary care is of utmost importance at this critical time.

My educational background includes 4 years RN/premed, 4 years naturopathic medical school, 1 year ND residency, and 1.5 year FNP school without residency.

My provider level background includes 1 year ND residency and 4 years of urgent care at ZoomCare. Currently 1+year at a Federally Qualified Health Center as Assistant Medical Director at the International District clinic of International Community Health Services in Seattle where I was recruited to be a medical director, provide primary care, and launch an integrative medicine program. I have worked >16 years in medicine from hospital care to urgent care to community health. Due to hiring restrictions based on prescriptive authority limitations and absence of Medicare coverage, I returned to school for FNP credentials. My clinical knowledge did not expand and especially as related to controlled substances, which Senate Bill 5411 includes. I obtained my Family Nurse Practitioner (FNP) degree in order to compare curriculums as I was curious about the argument of ND education and safety in delivering comprehensive primary care services. The safety argument against NDs regarding comprehensive prescriptive authority is unfounded based on curriculum comparison. My FNP training did not discuss opioid prescriptions except to limit them. There were no conversations regarding morphine equivalents. The buprenorphine section of my FNP curriculum was a third party that was added to a class and was not taught by any of my instructors. FNPs do not have mandatory residencies and the medical community expects them to manage highly complex patients with lower pay. FNPs oftentimes never work as an RN or have clinical experience to support their success as an FNP. Turnover is high for FNPs in community health settings which is why the [Weitzman Institute](#) is focused on improving FNP training and retention. If FNPs have full prescriptive authority based on their curriculum, then NDs should receive the same. These statements are not a dig on my FNP colleagues. I am incredibly thankful for FNP inclusion within the medical system. However, all provider types are valuable to the primary care team and allow for different perspectives to improve patient care. We could not do medicine without MDs, DOs, PAs, NPs. ND inclusion is overdue.

Below I have included additional topics in bullet form.

The safety argument:

- More NDs being able to prescribe all medications does not equate to more controlled substances being prescribed. What it does allow for is NDs to provide comprehensive primary care prescriptive services in order to be part of the primary care workforce.
- NDs are trained in standards of care and primary care and their extensive medical training includes pharmacology (including controlled substances and addiction) with a focus on safe prescribing.

#### Primary Care Workforce shortage:

- Providers are leaving primary care and medicine.
- We need an increased number of providers who deliver high quality comprehensive primary care especially in rural settings.

#### Value Based Care:

- Medicine is changing. We see patient care differently. We recognize the many aspects of what needs to be included in healthcare. From Social Determinants of Health, provider types, styles of medicine, the argument to exclude a group of doctors has nothing to do with safety. An exclusive argument alludes to a turf war which has no place in the middle of an evacuation from primary care.

#### Whole Person Health:

- Medicine is focusing more on prevention and promotion. Provider types who can deliver health promotion based on their curriculum need to be included in our medical model.
- NDs are health promotion specialists based on their curriculum.
- Conventional and allopathic medical curriculum does not provide adequate training to provide health promotion as the curricular focus is on disease management (which is also greatly needed).

#### Politics:

The continued restriction on ND prescribing is a huge barrier to expansion of the primary care workforce as it limits hiring and reduces insurance coverage. Removing this restriction will allow for an additional provider type to join the primary care workforce at large (NDs already deliver primary care in WA) and allow large facilities to add a primary care and integrative medicine practitioner to their team. ND inclusion allows for the opportunity to hire an in-house specialist to discuss herb/supplement/drug interactions and discuss safety of integrative medicine offerings alongside conventional primary care.

I urge the Washington State Department of Health to recommend passage of Senate Bill 5411 to say yes to expansion of prescriptive rights in order to provide safe, effective, and comprehensive primary care services to all Washingtonians and alleviate the primary care shortage in Washington state.

Thank you for your time. I am available by phone or email with any follow up questions. I am happy to come to a hearing or discuss any details listed above.

*Hannah Gordon, ND, FNP, RN*

*Assistant/Site Medical Director [International District clinic at International Community Health Services](#)*

*Treasurer (prior President) [The Naturopathic Academy of Primary Care Physicians](#)*

*Member (prior Chair) [Institute for Natural Medicine Primary Care Task Force](#)*

*Seattle, WA*



November 15, 2023

Dear Sunrise Committee:

Headquartered in Seattle, the Institute for Natural Medicine (INM) works to raise awareness about and increase access to natural whole person healthcare. We run a naturopathic residency program that involves ten local primary care clinics housing two-year residencies. INM also houses a Primary Care Task Force working to expand the healthcare workforce in community health centers and FQHCs by including naturopathic physicians. The Task Force is a multiorganizational initiative that includes the Washington Association of Naturopathic Physicians, Bastyr University, the Naturopathic Academy of Primary Care Physicians, the National University of Natural Medicine, and the Northwest Rural Primary Care Association.

We believe an expanded scope of practice for naturopathic physicians in Washington State would be extremely valuable. Senate Bill 5411 is that critical piece of legislation aimed at expanding the scope of practice for naturopathic physicians in Washington State. This expansion is necessary for naturopathic physicians to provide comprehensive care and manage a full spectrum of health conditions, which is especially crucial for patients in underserved areas who rely on them for primary care.

This bill represents a significant step forward in modernizing our healthcare system to leverage the skills and training of naturopathic physicians. Enabling naturopathic physicians to prescribe a broader range of medications, including controlled substances from Schedules II to V, will positively affect their ability to grow the Primary Care Provider (PCP) workforce in CHCs and FQHCs and allow training in our residency program to embrace the full scope of primary care practice. This is urgently needed, especially with the projected PCP shortage and decreasing interest in young doctors entering the field.

The training required to become a naturopathic physician is in line with or greater than other primary care professions in Washington that already have this scope.

This timing is also beneficial for the residents of our state, who will gain improved access to holistic, preventive care at a time when chronic disease, much lifestyle and diet-related, is becoming an epidemic that is affecting them and burdening the healthcare system. Health promotion and disease prevention are areas of expertise for naturopathic physicians. Allowing naturopathic physicians to practice to the full extent of their training aligns with their role as primary care providers and reduces the need for patients to visit multiple providers for their care needs, thus alleviating the stress and additional expense in our healthcare system.

The bill's passage would represent an evolution of healthcare delivery in Washington State by ensuring that all primary care providers, including naturopathic physicians, are utilized to their fullest potential for the greater good of public health. It will allow Washington state to take a leadership role once again in healthcare innovation.

I urge you to consider the widespread benefits that SB 5411 will bring to our communities and to support its passage. Thank you for your time and for your dedication to the health of our constituents.

Sincerely,

A handwritten signature in cursive script that reads "Michelle Simon".

Michelle Simon, PhD, ND

President & CEO, Institute for Natural Medicine

Dear Ms. Thomas,

Thank you for the opportunity to provide comment on the sunrise review of the naturopathic scope of practice. I am a physician practicing in both Seattle and Bellevue. I am opposed to the proposed naturopathic scope of practice expansions. I strongly urge the Department of Health to oppose all elements of the proposal, which would compromise the safety of our patients and the effectiveness and quality of care delivered in our state.

Naturopathic education does not prepare a naturopath to accurately diagnose or provide the medical treatment considered in the application. As a physician, I completed four years of medical school where I received a comprehensive medical education. I completed didactic courses in pharmacology, as well as the clinical application of pharmacology. After graduation and passing the USMLE board exams I spent three years completing a pediatric residency where I learned to perform my duties safely and effectively. By contrast, a naturopath's education emphasizes "natural healing" and not evidence-based practices and methods. The focus on "natural healing" does not allow for the same level of emphasis on treating many medical conditions. Naturopaths are not required to complete residency. The education and training of a naturopath is not equivalent to that of a physician and does not prepare a naturopath to safely perform the duties contemplated in SB 5411.

**I get especially concerned with the deficiencies in pediatric training. Many naturopaths have only one outpatient rotation in pediatrics that does not include any inpatient time caring for hospitalized patients. Residency is crucial to provide exposure to a wide breadth of children to help determine which kids are seriously ill and which are not and to determine who would benefit from medications. There are horror stories of sick children being mistreated by naturopaths and dying as a result of missed diagnoses such as a missed case of bacterial meningitis in Canada and I worry that more of these would occur with an expansion of naturopathic scope.**

The proposal under review would grant a naturopath prescriptive authority for schedules II-V without stipulating any additional education and training. Schedule II drugs are classified as such because of the high potential for abuse, psychological dependence, or physical dependence, as well as the potential for adverse interactions with other drugs and conditions. While Schedule II drugs are those that have the highest potential for abuse, all scheduled drugs can be dangerous when misprescribed and/or misused, which is why they are scheduled in the first place. There is no shortcut to being able to safely prescribe

controlled substances. Comprehensive medical education and training are required to be able to understand not only a given drug and condition, but also how that drug may interact with other drugs a patient may be taking or other conditions they may have.

The proposal would also modify the current “minor office procedure” provision within the naturopathic practice act to include “primary care services” and “procedures incident thereto of minor injuries” without providing context or specificity. The proposal also considerably broadens the allowance for naturopaths to perform “injections.” These updates to the naturopathic minor office procedures provision would open the door to any number of interpretations without ensuring that requisite education and training have been attained. In any scope of practice proposal, the consideration of patient safety and ensuring high-quality care are paramount. The risks associated with allowing underqualified providers to perform unspecified procedures and treat undefined levels of injuries outweigh any potential benefits.

Thank you for the opportunity to share my concerns with this proposal. Again, I urge the department to oppose all elements of the proposal.

Sincerely,

Dr. Jonathan Berry, MD, FAAP  
Pediatric Urgent Care



Kelly R. White, M.D., DrSnip.com

Thank you for the opportunity to provide comment on the sunrise review of the naturopathic scope of practice.

**I am a vasectomy surgeon currently practicing at DrSnip in Seattle and am uniquely qualified to comment on this issue. Over the past 27 years I have performed over 23,000 vasectomies. Additionally I have trained residents, fellows and practicing surgeons in vasectomy skills.**

**I have an intimate understanding of the technical challenges and the potential complications that can and do occur. It is true that vasectomy is overwhelmingly an office based procedure, however it is neither minor nor easy. I would call it a minimally invasive procedure, and not a minor one. The time and effort to learn the surgical subtleties required to avoid complications is daunting. Poorly trained surgeons not only incur a much higher complication rate, but through word of mouth regarding avoidable complications they also increase fear for other potential vasectomy patients and thus create needless barriers to a procedure that is currently underutilized.**

**In addition to the difficulty of developing the necessary surgical skills, superior clinical judgement is needed in patient selection and preparation (patients on anti-coagulants, bleeding disorders or immunosuppressant medications) to prevent and if needed, manage vasectomy complications, which can result in unnecessary treatment, repeat surgery or hospitalization.**

**In short, a well performed vasectomy can appear simple and quick, but the skills needed to achieve that simplicity are challenging and the consequences of preventable complications can be dramatic. I can't emphasize enough that vasectomy is NOT a minor procedure.**

**Below I am including additional standard comments that I am also in agreement with.**

I am opposed to the proposed naturopathic scope of practice expansions. I strongly urge the Department of Health to oppose all elements of the proposal, which would compromise the safety of our patients and the effectiveness and quality of care delivered in our state.

Naturopathic education does not prepare a naturopath to accurately diagnose or provide the medical treatment considered in the application. As a physician, I completed four years of medical school where I received a comprehensive medical education. I completed didactic courses in pharmacology, as well as the clinical application of pharmacology. After

graduation from Medical School I spent 3 years completing a residency where I learned to perform my duties safely and effectively. On top of this I sought out additional vasectomy training but the leading expert in the specialty. By contrast, a naturopath's education emphasizes "natural healing" and not evidence-based practices and methods. The focus on "natural healing" does not allow for the same level of emphasis on treating many medical conditions. Naturopaths are not required to complete residency. The education and training of a naturopath is not equivalent to that of a physician and does not prepare a naturopath to safely perform the duties contemplated in SB 5411.

The proposal under review would grant a naturopath prescriptive authority for schedules II-V without stipulating any additional education and training. Schedule II drugs are classified as such because of the high potential for abuse, psychological dependence, or physical dependence, as well as the potential for adverse interactions with other drugs and conditions. While Schedule II drugs are those that have the highest potential for abuse, all scheduled drugs can be dangerous when misprescribed and/or misused, which is why they are scheduled in the first place. There is no shortcut to being able to safely prescribe controlled substances. Comprehensive medical education and training are required to be able to understand not only a given drug and condition, but also how that drug may interact with other drugs a patient may be taking or other conditions they may have.

The proposal would also modify the current "minor office procedure" provision within the naturopathic practice act to include "primary care services" and "procedures incident thereto of minor injuries" without providing context or specificity. The proposal also considerably broadens the allowance for naturopaths to perform "injections." These updates to the naturopathic minor office procedures provision would open the door to any number of interpretations without ensuring that requisite education and training have been attained. In any scope of practice proposal, the consideration of patient safety and ensuring high-quality care are paramount. The risks associated with allowing underqualified providers to perform unspecified procedures and treat undefined levels of injuries outweigh any potential benefits.

Thank you for the opportunity to share my concerns with this proposal. Again, I urge the department to oppose all elements of the proposal.

I am writing on behalf of the King County Medical Society (KCMS) Board of Trustees. KCMS represents a dedicated community of physicians in King County, Washington, where over 12,500 physicians practice. We appreciate the opportunity to provide our perspective on the Department of Health's sunrise review of naturopathic scope of practice. We feel strongly about this review as we are concerned about maintaining the highest standards of patient safety and care quality in our state.

While we understand the importance of expanding access to healthcare services for all Washingtonians, we have substantial concerns regarding the proposal presented by the Washington Association of Naturopathic Physicians (WANP). Our primary concerns revolve around patient safety, the training and qualifications of naturopaths, and the potential risks associated with expanding their scope of practice.

First and foremost, naturopathic education and training does not equate to allopathic (MD) and osteopathic (DO) physicians' rigorous curriculum and clinical experience. We are alarmed by the applicant's claim that naturopathic training is on par with other healthcare providers. It simply is not. The stark contrast in education and training hours (please see below) emphasizes the need for a clear distinction between the scopes of practice of these healthcare professions.

	<b>Graduate-level education</b>	<b>Residency/ fellowship training</b>	<b>Total required patient care training hours</b>
<b>Allopathic (MD) and Osteopathic physician (DO)</b>	4 years	3-7 years	12,000-16,000 hrs
<b>Naturopath</b>	4 years	Not required	720-1,200 hours

Naturopaths are not licensed as healthcare practitioners in many states, and their education falls significantly short of allopathic and osteopathic standards.

Moreover, the proposal's expansion of prescriptive authority, including controlled substances in Schedule II-V, poses a substantial risk to patient safety. Schedule II drugs are known for their high potential for abuse and adverse interactions with other medications. The applicant's proposal lacks sufficient education and training requirements for naturopaths to safely prescribe these substances, which could jeopardize the well-being of patients and dramatically worsen an escalating opiate and prescription drug crisis in both urban and rural parts of Washington state.

KCMS is also deeply concerned about the proposed expansion of the minor office procedure provision, as it lacks specificity and may lead to interpretations that compromise patient safety. Recent incidents in our state have demonstrated the potential for misinterpretation and exploitation of such provisions, ultimately putting patients at risk.

Furthermore, the proposal's suggestion that naturopaths could sign and attest to various certificates, forms, and legal documents including disability forms and end-of-life papers raises

significant concerns. Naturopathic education and training do not adequately prepare practitioners for the clinical judgment required to sign these documents, potentially leading to errors and complications in patient care and legal matters.

We must also highlight the naturopathic community's need for consensus on vaccinations, a critical component of public health. The varying stances on vaccinations within the naturopathic community further underscore the need to evaluate the proposed scope of practice expansion carefully. There have been numerous instances where naturopaths promoted vaccine hesitancy, leading to outbreaks of vaccine-preventable diseases. This is crucial for public health, and the proposal doesn't address this issue.

The proposal's assertion that naturopaths may be the only healthcare practitioners available in rural communities needs more empirical evidence and disregards the importance of maintaining high standards of care regardless of geographic location. Whether rural or urban, all Washingtonians deserve access to healthcare providers with the requisite education, training, and experience to deliver safe and effective care. To summarize our concerns

1. **Lack of Standardized Training:** There is a notable absence of standardized, evidence-based training and educational programs for naturopaths, leading to significant variations in the quality of care provided. This lack of standardization can result in naturopaths using questionable treatments, potentially causing harm to patients.
2. **Inadequate Oversight:** There is a significant lack of robust oversight and regulation of naturopathic practice, especially in comparison to allopathic and osteopathic physicians, who are subject to rigorous oversight by medical boards. This lack of oversight can expose patients to unqualified practitioners and substandard care.
3. **Limited Accountability:** The proposed expansion may limit the accountability of naturopaths in malpractice or patient harm, as they may be held to a different legal and ethical standard than allopathic and osteopathic physicians.
4. **Ineffectiveness of Naturopathic Treatments:** Specific naturopathic treatments or interventions lack scientific support and may lead to ineffective or harmful outcomes for patients. Instances where patients have experienced adverse effects due to naturopathic treatments further underscore the risks.
5. **Delayed or Missed Diagnoses:** Due to the lack of training, education, and oversight, there is a potential for naturopaths to lack the diagnostic skills necessary to identify serious medical conditions promptly. This could result in delayed or missed diagnoses, which may have severe consequences for patients.
6. **Impact on Public Health:** Expanding the scope of naturopathic practice without sufficient evidence-based training and oversight can negatively impact public health, especially in areas such as vaccination, infectious disease management, and public health crises like the COVID-19 pandemic.
7. **Patient Confusion and Misinformation:** As documented, patients may be misled by naturopaths who promote unproven or pseudoscientific treatments, leading to confusion and misinformation about healthcare options.
8. **Erosion of Evidence-Based Medicine:** Upholding evidence-based medicine as the foundation of patient care is crucial. Expanding naturopathic practice without proper standards may erode trust in science-based healthcare practices.
9. **Legal and Ethical Implications:** Potential legal and ethical dilemmas could arise from granting naturopaths authority to perform medical procedures and sign legal documents

without the same education and training as allopathic and osteopathic physicians. Nationwide, naturopaths have faced legal actions or disciplinary measures due to inadequate training or unproven treatments.

10. **Existing Regulatory Concerns:** As observed in past or ongoing regulatory issues or disciplinary actions related to naturopathic practice, it indicates potential risks associated with expanding their scope of practice.

In conclusion, we respectfully urge the Department of Health to **oppose** the proposed scope of practice expansion for naturopaths. Our shared commitment to patient safety, evidence-based care, and public health should guide our decisions. We all want to ensure patients get safe and effective care, and this proposal does NOT meet those standards.

Thank you for considering our perspective, and we remain available for further questions or discussions. We look forward to continuing our partnership to improve healthcare access and quality in our state.

Sincerely,

Nancy L. Belcher, Ph.D., MPA  
CEO, King County Medical Society and Community Foundation  
[nbelcher@kcmsociety.org](mailto:nbelcher@kcmsociety.org)



Vis Medicatrix Naturae

**Lyndon C. Capon, ARNP, ND**  
**Practice Limited to Health & Wellness**  
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Arlington, WA 98223  
Ph: 425-280-2848  
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11/13/2023

RE: DOH Sunrise Review Public Comment Period  
Washington Dept. of Health

Dear Sir or Madam:

I want to thank you for taking the time from your busy schedule to review the issue of Naturopathic Physicians being provided the tools necessary to better care for the patients they treat. One of the items being studied by yourself and other officials is removing artificial barriers ND's face when providing patient care. Upcoming legislation will better match the educational attainment of Naturopathic Physicians with their scope of practice.

Comparisons are often made between the training and education of Allopathic Physicians (MD's), Advanced Registered Nurse Practitioners (ARNP's), and Naturopathic Physicians (ND's.)

It has been suggested that I compare my personal experiences in medical training since I have been through 3 different graduate level educational programs (ND, MD, and ARNP), and have 36 total years total of professional licensure, and I feel comfortable in comparing my different educational experiences.

As a student at the John Bastyr College of Naturopathic Medicine (1980-85) our curriculum for the basic sciences were much like that of the MD school I latter attended. Our basic science subjects (anatomy, physiology, biochemistry, etc., etc.) were subjects usually taught by PhDs who had usually also taught at other graduate schools, as well as MD or DO schools. For example, my pharmacy training was conducted by two Pharmacy PhDs who taught the same course at the University of Washington and the textbook used was Medical Pharmacology: Principles and Concepts by Goth & Andres, same as the UW used at the time. The 3<sup>rd</sup> and 4<sup>th</sup> year curricula of my ND training covered in didactic, lecture and lab the usual subjects covered in any medical program: Internal medicine subjects (cardiology, gastroenterology, pulmonology, etc.) Subjects are easy to review in the Basyr University Catalogue. 3<sup>rd</sup> and 4<sup>th</sup> year were focused on clinical experience. Subjects were often hands on in clinic. Were practiced our clinical skills under experienced instructors who taught the fine points of medical history taking and physical examination, lab and x-ray interpretation, patient management, etc.

After 7 years of practice as an ND I felt compelled to seek protection from changes going on in the insurance industry with the pending (but latter failed) Health Security Act of 1993 as it had provisions specifically excluding NDs from coverage. Fortunately for NDs this legislation failed to become law. For economic reasons, (not any kind of philosophical change) I decided to attend MD school overseas starting January 1993. Overseas training allowed me to avoid getting deeply into student loan debt, and get a better clinical experience (more "hands on") than in most US MD schools. (Currently, over 25% of practicing MDs

are trained overseas.)

Our basic science and clinical science training was much like Naturopathic Medical school, only ND school was broader in focus with more orientation to clinical nutrition, lifestyle counseling, physical medicine, etc.

Pharmacology training was comparable to what I received in ND school. Also, the textbook used in my MD school was *Medical Pharmacology: Principles and Concepts* by Goth & Andres. The same text used by my naturopathic medical school. I Graduated MD school in 1996 from an accredited school recognized by the Educational Council for Foreign Medical Graduates (ECFMG) which is associated with the National Board of Medical Examiners (NBME). Pharmacology was 15–22% of the USMLE step 1 exam. I passed step 1 of the US Medical Licensing Exam (USMLE) and clearly was competent in pharmacy.

Although my MD degree was earned, and step 1 of USMLE was passed, licensure is dependent on completion of step 2 and a residency. After I finished MD school, I was not able to attend a residency required for licensure due to the terminal illness of my father, who during my last year of school had been given only “1 year, possibly 2” years to live by his pulmonologist. With my care, my father lived 8 more years. Hence, I am an “Academic MD” and not licensed as an Allopathic Physician by Washington State.

After several years my father, clearly was outliving his death sentence. I was still wishing to serve my patients with a broader scope of practice to better meet their needs. I enrolled the Masters of Science in Nursing (MSN) program at Gonzaga University in 1999 (I had previously earned my RN as well.) The MSN is 3 ½ academic years long at GU (not just 2 years as many assume to earn a Master’s degree in most liberal arts programs. Many MSN programs are being phased out over time, being replaced by the Doctor of Nursing Practice (DNP) degree.)

My MSN (Family Practice) was a hybrid program (on campus and distance learning,) allowing me to continue my medical practice as an ND (by reducing my office hours.) Pharmacology instruction was interspersed throughout the didactic and clinical training, and as RN’s all my classmates had undergraduate degrees in Nursing (including pharmacy training) and had worked in the nursing field for usually 5 or more years to gain clinical experience. Because of my prior pharmacology courses, I did not need to sit for the pharmacy classes, but rather did a research project and video presentation on Botanical Medicine available to my classmates at the request of the Dean of Nursing.

I graduated and passed my Family Practice Nurse Practitioner board certification and was licensed as an Advanced Registered Nurse Practitioner (ARNP) at the end of 2001. I was able at this point to start utilizing full scope prescriptive ability (controlled substances) and all routes of administration after a collaborative prescribing agreement was required. One of my patients who was an Allopathic Physician (pediatrician) was kind enough to sign on for me. This collaboration requirement was later ended by the state as it was found to be superfluous.

Patient safety: Naturopathic Physicians receive additional training not provided in any significant amounts in Allopathic Medical and Graduate Nursing programs. This includes several quarter long classes required of NDs in Clinical Nutrition, Botanical Medicine, etc. Also emphasized are nutrient-drug and botanical medicine-drug interactions. NDs are uniquely trained to manage these pharmacy issues. This training in Clinical Nutrition and Botanical Medicine are subjects I sincerely hope our Allopathic and Nursing colleagues will eventually include in their curriculums to better serve their patients.

Until then, NDs would be the ideal physicians to manage complex patient referrals where nutrient-drug and botanical-drug interactions may occur.

Controlled substances: Good patient management requires full prescriptive authority to adjust medication dosages as needed. When the Naturopathic Physician's patient starts to become better with our therapies, the dosage of a controlled substance usually needs to be reduced. If the Naturopathic Physician cannot write for a controlled substance, she/he cannot reduce the patient's dosage to wean the patient's dose downward.

Under my ARNP license my patients have benefited from my full prescribing rights (class II-V) and would like to see this improvement in patient care available to NDs for reasons of patient safety, convenience and the economic savings to insurance (both state and private plans) by the patient not needing to see a second doctor just to refill a medication.

If you have any questions feel free for you or your staff to contact me.

Thank you for your consideration.

A handwritten signature in black ink that reads "Lyndon C. Capon". The signature is written in a cursive style with a prominent initial "L".

Lyndon C. Capon, ARNP, ND  
Naturopathic Physician  
Advanced Registered Nurse Practitioner (FNP)





November 20, 2023

To:  
Washington State Department of Health  
Health Systems Quality Assurance  
PO Box 47850  
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VIA EMAIL ONLY  
[sunrise@doh.wa.gov](mailto:sunrise@doh.wa.gov)

RE: Letter of Support for Moderinzation of Scope of Practice for Naturopathic Doctors in Washington State

Dear Ms. Thomas,

A medical profession fulfills its purpose of providing safe and effective healthcare only if four elements are present:

- Accreditation of its medical programs;
- Comprehensive medical education;
- Examination by a national examining board, using board-level examinations that are developed in accordance with national testing standards; and
- Licensing and susequent regulation of licensees

The North American Board of Naturopathic Examiners (NABNE) fulfills the necessary role of administering board-level examinations to qualified candidates.

NABNE's responsibility is to examine graduates of accredited naturopathic medical programs to ensure that they have mastered the competencies necessary to be safe naturopathic doctors. To fulfill its duty, NABNE administers the Naturopathic Physicians Licensing Examinations (NPLEX), which are the only board-level licensing examinations recognized by the jurisdictions that currently license naturopathic doctors (ND) in the United States.

The NPLEX is developed and administered in accordance with the guidelines set forth in the Standards for Educational and Psychological Testing, which are the industry standard for minimal-compentecy licensing examinations.<sup>1</sup>

NABNE administers the NPLEX and sets policy to determine standards for qualifying to take the examinations. Only those candidates who have graduated from an accredited naturopathic medical program are eligible to take the NPLEX Part II examinations.

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<sup>1</sup> American Educational Research Association, American Psychological Association, & National Council on Measurement in Education (Eds.). (2014). *Standards for educational and psychological testing*. American Educational Research Association.

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November 20, 2023  
Letter to Ms. Thomas

The NPLEX is designed to assess whether the candidate has the minimal competence to practice naturopathic medicine safely on the public. A regularly updated practice analysis (a survey of currently practicing licensed NDs to determine which competencies an entry-level ND must have mastered) provides the necessary foundation for clinical examinations in any healthcare profession. NPLEX completed its fifth practice analysis in 2021.

The competencies tested on the NPLEX Part II – Core Clinical Sciences Examination are designed to test to the highest scope of practice available in any state, including medications used in primary care. The list of competencies and medications tested can be found in the NPLEX Part II – Clinical Sciences Blueprint and Study Guide. NABNE can provide the document if requested.

To qualify for licensure in Washington State, the candidate must pass both NPLEX Parts I and II as well as the NPLEX Part II - Minor Surgery Elective Examination. The NPLEX Part I - Biomedical Science Examination may be taken after the student has completed the first two years of training at an accredited naturopathic medical school. The candidate must pass the Part I Examination and have graduated before being allowed to take the NPLEX Part II - Clinical Science Examinations and the Minor Surgery Elective Examination.

In the MD profession, the USMLE (United States Medical Licensing Examination) has a third part (Step III) that is taken after the candidate completes a residency. Because so few residencies are open to naturopathic doctors, NPLEX does not have a Part III Examination. Instead, the NPLEX Part II - Core Clinical Science Examination addresses competencies that are covered in the USMLE Step III Examination.

In summary, NABNE and NPLEX administer and develop minimal competency licensing examinations that meet the standards for healthcare professions in the U.S. To fulfill your mission of protecting public safety, NABNE urges you to support modernization of the scope of practice for naturopathic doctors in Washington. By modernizing the scope, NDs can practice as trained: as primary care doctors with full prescribing rights. The Washington Department of Health can be assured that by passing the NPLEX, ND licensed in Washington have demonstrated their ability to safely practice on the public as primary care providers.

Sincerely,

A handwritten signature in black ink, appearing to read 'S. Braden ND', with a horizontal line extending from the end of the signature.

Shannon Braden, ND  
Executive Director, NABNE

November 20, 2023

Sherry Thomas  
Policy Coordinator  
Health Systems Quality Assurance

RE: Sunrise review on naturopathic scope of practice

Dear Ms. Thomas,

I am a board-certified family physician and addiction medicine specialist. I am writing regarding the proposal from the Washington Association of Naturopathic Physicians (WANP) for a sunrise review of naturopathic scope of practice. I appreciate the opportunity to provide comments for consideration by the Department of Health (DOH) as it considers its recommendations to the state legislature.

Briefly, I urge the DOH to recommend strongly against the WANP proposal. The proposal's arguments about advantages to the state's citizens are deeply flawed. The proposed changes would instead lower the standard of medical care in our state and put patients at risk, without a meaningful increase in access to health care.

I have reviewed the comment letter of the Washington State Medical Association (WSMA). That letter addresses the major concerns that arose in my reading of the WANP proposal. I would like to supplement those remarks with my own observations and expand on issues of particular relevance to the care of individuals with pain, addiction and related psychiatric conditions.

As preface to the following remarks, I will note that I developed and served as Course Director of a 6-hour educational webinar designed for and approved to meet new requirements introduced by the Oregon Board of Naturopathic Medicine for doctors of naturopathy (NDs) to become certified for a newly expanded scope of practice in ketamine therapy. This free course, titled "[Ketamine Across the Dose Spectrum](#)," was presented online in February 2023. It had about 400 attendees, primarily Oregon NDs. In my role as Course Director, I recruited and worked closely with five other course faculty including 3 MDs (a psychiatrist, an anesthesiologist and an internal medicine/emergency medicine specialist) and two NDs. The faculty volunteered our time and experience and worked collaboratively with the goals of protecting the state's patients and NDs from potential adverse outcomes, optimizing the potential benefits, and preventing a backlash of new regulations restricting access to this valuable medication. I also provided consultation to several NDs as they began to implement their expanded scope of practice. I have high regard for the judgment, kindness and unique knowledge of the NDs I worked with in that capacity.

However, the field of naturopathy is broad. In my clinical practice as a family physician, I have encountered a number of patients formerly or concurrently treated by NDs. While I have learned some useful strategies from their ND providers, I have also noted that the diagnostic evaluations and treatments are usually expensive relative to their value to the patients' well-being. The expense is almost always covered by the patient rather than insurance, as NDs often don't

contract with the patients' insurance and also the tests and treatments often don't meet the evidence-based standards of the insurer. The NDs' management, while well-intentioned, sometimes has resulted in delay of effective treatment, and in one case the patient experienced enduring harm.

Here are some of my greatest concerns about the WANP proposal:

**1. The WANP proposal's argument that the training and competence of NDs is equivalent to that of allopathic and osteopathic physicians is simply wrong. It demonstrates a profound lack of awareness of the value of education and experience in the development of competence. Endorsement of this misrepresentation and devaluation of education and experience by the State of Washington would serve the public poorly.**

- Residency training of primary care physicians includes 12,000-16,000 patient care hours. At the time I graduated from medical school, I did not appreciate how unprepared I would have been for independent practice after seeing only a few hundred patients in four years. During residency, when I participated in the care of thousands of patients, I observed and internalized the complex thought processes and careful reasoning of hundreds of seasoned supervising physicians. I now draw on the wisdom of those models in my daily decision-making, judging my own performance critically in that light.
- Aside from learning the basics of managing a wide range of medical conditions, I gained a deep respect for the rich complexity of scientific knowledge about disease processes, and the benefits, risks and ethical issues involved in the health care decisions I make every day.
- The inherent message from the State of Washington that depth of training has no value would not serve patients well.

**2. Barriers to access to health care in Washington State would not be significantly reduced by a broadening of the scope of practice of 1632 licensed NDs.**

- The WANP proposal cites the availability of NDs to low-income state residents. Yet the proposal notes that fewer than 450 (30%) of NDs are credentialed as Medicaid providers, and serve patients in only 21 of 39 counties.
- The WANP proposal cites the availability of NDs in the underserved rural regions of the state. The Health Care Authority's Provider Dashboard referenced in their proposal in fact demonstrates the opposite.
  - Of 3,912 Servicing Providers in the "Other Providers" category, there are 0-12 in 14 of the most rural counties. That category includes NDs, midwives, acupuncturists, health educators, community health workers, peer specialists, case manager/care coordinators and others.
  - In contrast, there are 37,761 providers in the "Allopathic and Osteopathic Physician" category; only five of the 14 most rural counties have fewer than

50 and two have over 300. Including the “Physician Assistant and Nurse Practitioner” category, only 3 counties have fewer than 50 providers.

- The WANP’s proposal states that NDs live and work in 48 of 49 legislative districts, but the source from which that statement is drawn is not provided.

**3. The WANP’s proposal for a pivotal role of NDs in pain management is appealing but strikingly superficial, lacking historical perspective. Prescriptive authority for NDs for all controlled substances in Schedules II-V would not meaningfully increase access to care - yet has the potential to set back the clock in the state’s attempts to nurture a balanced culture in the prescribing of addictive substances.**

- The national trend in opioid prescribing has undergone a series of pendulum swings over the past 150 years between more liberal and more restrictive. Safe and effective opioid prescribing has been the topic of extensive discussion nationally for the past 40 years. Washington State’s opioid guideline of 2006 was a key milestone as the first nationally to recommend close monitoring of opioid prescriptions at higher doses in an attempt to control rising overdose deaths. The U.S. CDC’s 2016 opioid guidelines, while structured as recommendations, unleashed draconian measures at many levels to control prescribing. These measures were effective in stabilizing the increase in overdose deaths from prescription opioids, but were accompanied by a dramatic surge in illicit opioid use and associated overdose deaths. Evidence has emerged that some of those deaths occurred among patients with chronic pain who turned to illicit opioids to fill the gap after being deprived of their chronic opioid prescriptions.
- The Washington State legislature and regulatory agencies more recently introduced measures to attempt to moderate opioid prescribing to avoid extremes. Prescribers are now struggling to find a balance between over- and under-prescribing.
- The WANP’s proposal suggests that the 1632 NDs, if given the authority to prescribe the full range of opioid medications, would improve public health by filling the current chasm in treatment of nearly 500,000 Washingtonians ([7% of the population](#)) who have high-impact chronic pain. The potential workforce expansion, though small, would be welcome. But it is unrealistic to expect inexperienced prescribers to traverse this historically treacherous terrain successfully and provide safe and effective care without the benefit of a supervised apprenticeship such as that required of physicians, PAs and NPs during their training period. Accidental overdose deaths during this experimentation phase are likely.
- The WANP’s proposal should be rejected and a more carefully considered plan should be developed, for the protection of patients and the NDs themselves, and to prevent a backlash with further restrictions on opioid prescribing.

**4. The WANP’s proposal for a pivotal role of NDs in addiction management is equally appealing but equally inadequate.**

- The WANP’s proposal correctly states that “greater access is needed to buprenorphine for treatment of opioid use disorder.” This statement describes an important healthcare gap across the country. Only a small fraction of currently qualified medical

providers actively prescribes buprenorphine. [In 2017-2018, only 2,450 prescribers across the U.S. were responsible for half of all patient-months of buprenorphine treatment.](#) The potential workforce expansion with the addition of NDs would be welcome, but likely very small.

- In the era of high-potency synthetic opioids, treating opioid use disorder is a daunting prospect even for highly motivated and experienced prescribers. Initiating buprenorphine has become a challenge for which no reliable protocol is available. The likelihood of painful and prolonged precipitated withdrawal symptoms during buprenorphine initiation puts already high-risk patients at even higher long-term risk, as an unsuccessful treatment trial may deter the patient from ever trying buprenorphine again.
- The eight hours of opioid use disorder education required of all DEA registrants is an excellent start, but should not be interpreted as adequate to prepare inexperienced prescribers for success.
- The proposed ND scope expansion, which does not require a supervised apprenticeship, is unlikely to have a constructive impact on the state's opioid epidemic.

**5. The WANP proposal discusses the benefit of NDs prescribing benzodiazepines for panic disorder, alcohol use disorder and opioid use disorder, without supportive remarks to demonstrate appreciation of the gravity and complexity of these assertions.**

- Dependence on benzodiazepines is a particularly difficult condition for experienced prescribers to treat, as patients may need a year or more to taper down and off these medications without severe prolonged distress impacting quality of life.
- Use of benzodiazepines has a specific indication in alcohol use disorder as a short-term carefully calibrated treatment for withdrawal symptoms, usually within the safety of an inpatient setting.
- Use of benzodiazepines in patients with opioid use disorder is a particularly problematic topic, as these medications are known to increase risk of opioid overdose death.
- The suggestion that NDs are well suited to balance risks and benefits without a supervised apprenticeship period is simplistic. WANP's endorsement of benzodiazepine prescribing by NDs without acknowledging the associated responsibility is troubling.

**6. The WANP downplays key differences between its proposal for ND prescribing authorization and that in other states. For example, unlike Oregon, the only state where NDs can prescribe Schedule II medications, the WANP proposal does not require extensive baseline and continuing education.**

In summary, I request that DOH consider the gravity of the proposed ND scope expansion, particularly the proposed authorization for prescribing high-risk Schedule II-V medications.

There would be limited potential benefit, but considerable risk of adverse outcomes in patients with pain and/or addiction, and an unwelcome devaluation by the State of Washington of medical education and experience. Please recommend against the WANP proposal, and find another path forward to engage NDs in addressing the state's health care challenges.

Sincerely,

A handwritten signature in cursive script that reads "Lucinda Grande".

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360-413-8600



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PO Box 4653, Tualatin, OR 97062-9997  
NOMAcademy.org

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11/20/23

To the WA Department of Health,

The Naturopathic Orthopedic Medicine Academy (NOMA) is writing to express our support for SB 5411, which aims to expand the scope of practice for naturopathic doctors (NDs) in Washington state. NOMA is a professional organization dedicated to advancing the field of non-surgical orthopedic medicine within the naturopathic medicine profession. NDs provide safe and effective care for patients with orthopedic conditions and neuromusculoskeletal dysfunction through the use of integrative and evidence-based approaches. SB 5411 will enable NDs to better care for Washingtonians with a scope of practice that is better aligned with other advanced practice states such as Arizona, California, Hawaii, Montana, Oregon, Utah, Vermont and several provinces in Canada including British Columbia..

NOMA supports the statutory language in SB 5411 for the following reasons:

*- Broader prescriptive authority will ensure more patients have access to standard of care medications for common primary care conditions.*

NDs in Washington are currently limited in their ability to prescribe medications for some common musculoskeletal and related conditions including standard of care short courses of opiates (other than codeine) for acute pain conditions, certain topical pain creams, antispasmodics, neurogenic pain medications and sleep medications. This restricts their ability to provide comprehensive primary care and forces patients to seek care from multiple providers which leads to substandard and cost inefficient care. Additionally, if prescriptive authority in WA was expanded to include buprenorphine, primary care NDs could aid in expanding the pool of primary care doctors offering medication-assisted treatment for opiate use disorder after completing the required training. Expanding the prescriptive authority for NDs will improve the quality of care offered by NDs by including more standard of care treatment options, as well as reduce the burden on the healthcare system. NOMA supports adoption of this expanded prescriptive authority with appropriate training.

*- Greater alignment of statutes and rules among states with broad ND practice authority.*

NOMA recognizes that there is a significant variation in the scope of practice for NDs nationally and even among states that license NDs with broad scope, which creates confusion and inconsistency for both patients and providers. We support greater alignment of statutes and rules among states with broad ND practice authority, such as Arizona, California, Hawaii,



Montana, Oregon, Utah, and Vermont. This will facilitate interstate collaboration and communication among NDs who practice orthopedic medicine, as well as improve patient safety and access to non-opiate care for chronic pain.

*- Recognition that the disparity in scope of practice between WA and OR does not benefit WA residents.*

Due to the long shared border and proximity of the Portland/Vancouver metropolitan area to the state line in particular, inconsistencies in regulation place a burden on many patients and doctors that travel across state lines for work or to seek care. It is unique to the Naturopathic profession, among primary care provider types, that scope of practice varies so widely among these two states. NOMA acknowledges that many patients and doctors travel across state lines, especially between Oregon and Washington. We believe that it is irrational for NDs who practice medicine in Oregon to be restricted or prohibited from providing the same level of care in Washington, where they may also be licensed. We also believe that it is detrimental for patients who receive care from NDs in Oregon to be unable to receive the same treatment in Washington, potentially by the same provider who holds a license in both states. For all of the above mentioned reasons, we advocate for a more uniform and consistent standard of care and scope of practice for NDs who practice medicine across or near state borders.

*- Attainment of post graduate training in orthopedic medicine including clinical exam, ultrasound diagnosis, injection therapy and other orthopedic treatment modalities.*

NDs who wish to specialize in orthopedic medicine can pursue post graduate training through NOMA or other accredited programs, where they can learn advanced skills and current techniques in diagnosing and treating neuromusculoskeletal disorders with a focus on non-opiate therapies to address chronic pain and musculoskeletal injuries. These skills include expertise in clinical diagnosis, musculoskeletal ultrasound diagnosis, ultrasound guided injections, standard of care injection therapies including trigger point injections, anesthetic injections and corticosteroid injections, and emerging evidence based treatments such as prolotherapy. NDs also practice osteopathic manipulation, soft tissue manipulation, and other physical modalities. These interventions can restore joint stability, stimulate tissue healing, and mediate or resolve pain.

*- Continuing education.*

The American Association of Naturopathic Physicians (AANP) recognizes orthopedic medicine as a specialty within naturopathic medicine, and offers continuing education (CE) courses on various topics related to orthopedics. The Oregon Board of Naturopathic Medicine (OBNE) also approves CE courses on orthopedic medicine for NDs in Oregon, where the prescriptive authority and scope of practice are broader than in Washington. OBNE has adopted a model through rules to delineate the additional hours of continuing education required for injection therapies. WA has a similar rule for training in certain injection therapies. NOMA continuing education courses have been approved by OBNE for continuing education credits and satisfy the rule requirements. NOMA courses have been offered in AZ, OR and WA with ND attendees from OR, WA, AZ, VT, NH, and HI.

*- Development of curriculum and rules similar to Oregon for the practice of injection therapy.*

The OBNE, with the expert input of several NOMA board members, has developed a comprehensive rule that requires extensive postgraduate training for licensees who perform injection therapies. Oregon is currently the only state to require this and NOMA believes others should follow to ensure patient safety and quality of care. The curriculum includes topics such as anatomy, physiology, pharmacology, indications, contraindications, complications, techniques, documentation, and ethics of injection therapy. The curriculum also includes hands-on training and supervision by experienced instructors. The curriculum is designed to ensure that NDs who practice injection therapy in Oregon are competent and proficient in this modality.

NOMA supports the increased scope of practice delineated in SB 5411 because we believe that it will enhance the quality and accessibility of healthcare in Washington state. We urge the WA Department of Health to support the proposed changes in the scope of practice for NDs, and to recognize their valuable contribution to the health and well-being of the public. Please contact our organization if you have any questions or if we can be of further assistance in the sunrise review.

Sincerely,

NOMA Board of Directors

I am writing in support of the scope changes for Naturopathic Physicians (NDs). I have been a primary care Naturopathic Physician for 17 years (all in Washington State). I currently work for Family Health Centers, a rural Federally Qualified Health Center, serving the community in Okanogan County and surrounding counties. My patient panel extends from Okanogan County to Wenatchee, Chelan, Douglas County and Spokane.

Scope expansion for NDs would allow me to better serve my community, take care of my patients, support other providers in my clinic system and save medical dollars. As you know, healthcare is facing a major shortage in providers, specifically in primary care and in rural areas. Family Health Centers is not immune to this shortage. We are currently down multiple providers and many of our current providers are burning out. Often, I am the only provider available to see patients on a given day. Many days we are seeing acute walk-in patients that we add to our already busy, full schedules in attempts to keep patients out of the Emergency Departments (ED) for unnecessary visits. However, with this workforce shortage, the ED is often the only option for some patients seeking care in our area. Where I practice, the closest urgent care is more than 1 hour away and local provider schedules are often booked out for weeks. With my current scope limitations, I often have to send patients to the ED or try to find another busy provider to help the patient if they need any support with controlled substances beyond testosterone and codeine - even though I am the patient's primary care provider of record. Or if a colleague is out and a patient needs refills on certain medications, I am not able to help, delaying care further. Scope expansion would further save medical costs and time, eliminating the need to refer out or co-manage patients; it would enable primary care NDs to manage our full panel of patients rather than adding to the burden of the otherwise overburdened, overworked medical system and medical providers. This cost savings would also extend to our patients, who, when they are referred out for services that can be easily addressed in a primary care setting, have to take more time off work, find childcare and pay for travel to locations far from home.

Currently, we are also facing a major shortage of mental health care providers. In Okanogan County, we have NO Psychiatrists and are losing the 1 Psychiatric Nurse Practitioner who had a growing, months-long wait list for medication management. This becomes an issue for our most complicated patients with mental health issues but also for my pediatric and adult patients with ADHD and Autism who need support with medication options or supportive services. Especially as the most effective ADHD medications are not currently in ND scope nor are we able to sign for some services (though we can evaluate and diagnose conditions like Autism). In the situation where I can find a psychologist that can help with the official diagnosis of my patients, neither the psychologist nor I can prescribe these effective medications. This leads to further delays in care, often for more than 6-12 months, due to scope limitations and provider shortages. This is extremely difficult in children who are struggling at school, putting extra stress and pressure on parents and teachers.

Across the US, WA and in Okanogan County, we are experiencing a severe crisis with opioids. NDs have the skills to work with patients to find alternative means to address chronic pain and to help our patients get off of opioids and narcotics for pain management. However, unlike our colleagues in neighboring states like Oregon, due to our scope limitations, not only can we not prescribe these medications, we are not able to wean patients from these medications when they are able to find relief for their pain and addiction by other means. Again, this increases the burden of care and increases the need for more medical visits and costs, when this can be taken care of appropriately in a primary care office.

Often, concern around scope expansion for NDs, revolves around the medical and pharmacological education of NDs. After completion of a 4 year undergraduate degree and coursework related to medicine or medical sciences, NDs go through 4+ years of naturopathic medical school. This includes extensive training in both basic and clinical sciences. A side-by-side comparison of local healthcare training programs demonstrates naturopathic medical school requires more total credits than any other health care profession and requires similar training or more pharmacology training than any other medical profession. Naturopathic medical courses are taught by naturopathic physicians, conventionally educated medical doctors, osteopathic physicians and pharmacists. After graduation, many NDs undergo a strenuous residency program for 1-3 years, often including didactics, research and integrative work with our colleagues in the medical professions. Additionally, NDs are required to complete comparable continuing medical education hours and credits to maintain licensure - again via coursework taught by NDs, conventionally trained MDs, DOs and pharmacists.

Scope expansion would not only help my patients, community and health center but would also help the greater population of WA, allowing for health centers, like FQHCs, to hire more NDs - addressing the medical workforce shortage, saving medical dollars, increasing patient access to medical care, addressing mental health more quickly, helping to support children in their education and day to day lives, making a difference in the opioid epidemic, and allowing for patients to get medically appropriate and safe care in their primary care office.

Sincerely,

Sarah M. Acosta Smith, ND  
Family Health Centers  
Clinic Director  
ND Residency Director

Dear Ms. Thomas,

Thank you for the opportunity to provide comment on the sunrise review of the naturopathic scope of practice. I am a physician practicing in **Endocrinology in Silverdale, WA**. I am opposed to the proposed naturopathic scope of practice expansions. I strongly urge the Department of Health to oppose all elements of the proposal, which would compromise the safety of our patients and the effectiveness and quality of care delivered in our state.

I have seen a significant amount of harm, damage, inappropriate treatment and improper management of my patient's from naturopaths. I see patient's daily, if not multiple a day, who have seen naturopaths for health care. They are a threat to healthcare by not practicing evidence based medicine and their lack of clinical training. They are scam artists given all the misinformation I've found them giving my patients, all for the sake of selling their own products and services for increased profits.

It is heartbreaking to see all the damage done to multiple of my patient's health from naturopaths. I can provide for you specific examples, specific names of naturopaths, and description of the damage to human health I've seen in my patients if you would like. I am also open to a conference call if you prefer.

I believe their request to prescribe opioids is also to increase profits for themselves. They know the high volume of opioid addiction in Washington, and they know how difficult it is to recover from addiction. This request of theirs is to take advantage of addiction, with the purpose of abusing their power to prescribe opioids, for the purpose of increasing their client base and profits. As mentioned in my previous paragraph, I have already seen them abuse their "doctor" title for the purpose of gaining more clients and selling their products. This particular request, along with controlled substances, is an absolute danger to the opioid addiction and dependence problems we already have.

When it comes to primary care, treating injuries, in office abortions, and in office vasectomies, who will be training them? Naturopaths do not go to actual accredited medical schools, they do not have accredited medical professional titles (MD, DO, PA, ARNP, DPM, DDS), they do not do residency and fellowship training. They do not do any clinical training within this country. They do not have official medical state licensings, NPI's or DEA's. They take a completely different pathway and because of this, they should not be crossing the lines into allopathic medicine.

In turn, back to my question, who will be training them if they do not and have never completed a residency? Will FP, Ob/Gyn, and Urology residency programs take in naturopaths in the state of WA? Will naturopaths be part of these residency programs just for the sake of learning very limited procedures? Will they be required to complete the residency or clinical training as all practicing medical doctors are required to? If so, who will be training them? How will the Naturopathic Board find these specialized MD's/DO's in academic programs who are agreeable to train naturopaths? If so, who will be training and funding the clinical training for the naturopaths? How will all of this be made possible? Does the naturopath board already have potential coordinations and agreements in place?

What I find the most heartbreaking is seeing elderly patients being taken advantage of by naturopaths misinformation, and then seeing their cardiovascular, neurological, and metabolic health deteriorate and develop disease because of the naturopaths management. The other most heartbreaking results I see due to naturopathic treatment & management, is the significant levels of anxiety and worsening mental health status in my patients of all ages. This is due to the "fake science" and fabricated disorders and diseases made to be believed by the patient. The then improper management which naturopathy advises, has damaged both the mental and physical health of so many of my patients. I have seen this far too many times in my practice alone, and I will likely continue to see this unfortunate result of naturopathic care on a daily and weekly basis.

These requests by the naturopathic board is outrageous and will make their already existing damage and threat to our patients even more significant and widespread. This is not only a threat to patient's in Washington state, but to our whole nation. It is taking all our advances in healthcare backwards, instead of forward.

I thank you deeply and am extremely grateful to be given the chance to share my thoughts and experiences on this matter.

Thank you very much & Happy Holidays.

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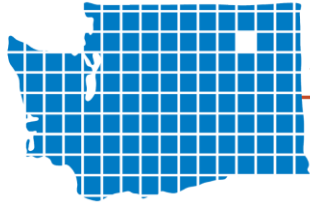
**Dr. Sarena Ravi MD, MPH**

Board Certified Endocrinologist

Board Certified in Internal Medicine

Virginia Mason FMG Endocrinology Associates

Silverdale, Washington



November 20, 2023

Sherry Thomas  
Policy Coordinator  
Health Systems Quality Assurance

*Delivered via email*

RE: Sunrise Review on naturopathic scope of practice

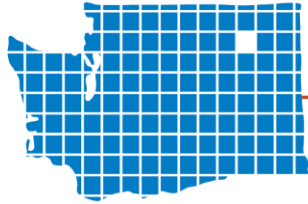
Dear Ms. Thomas,

On behalf of the Washington Chapter of the American College of Emergency Physicians, thank you for the opportunity to provide comment on the Sunrise Review proposal to increase the scope of practice of naturopaths pursuant to [Senate Bill 5411](#). In short, we find the proposal and applicant report from WANP to be dangerous and deeply concerning.

Despite repeated assertions to the contrary in the applicant report, the education and training that a naturopath receives is not “in line with or superior to” that of physicians or other practitioners with expanded scope. WA-ACEP endorses the comment from the Washington State Medical Association, which details how the education a physician receives is more standardized, more extensive, and more comprehensive than that of naturopaths.

Emergency medicine physicians undergo three to four years of rigorous post-graduate residency training and a formal board certification process to demonstrate competence in the care of acutely ill and injured individuals. Naturopaths, by contrast, are not required to undergo residency training. In large part, the skills necessary for physicians to perform many medical procedures are obtained through documented, hands-on residency training that is rigorous and meets national standards through the Accreditation Council for Graduate Medical Education. Similarly, through the course of mentored residency training, emergency physicians learn how to assess and manage pain, including the use of narcotic pain medications. Given the lack of such systemic training and oversight for naturopaths, it would be dangerous to patients to allow the expansion of procedures and prescribing privileges as proposed.

The Department of Health considered a similar Sunrise Review proposal from naturopaths in 2014. In the intervening time, the opioid epidemic has worsened and numerous resources have been marshaled in response. This work is detailed in the [Washington State Opioid Response Plan](#), which focuses in part on limiting unnecessary opioid prescribing as a way to deter new opioid patients from becoming chronic users.



As emergency physicians, we serve as the frontline of patient care in responding to acute illness and injuries. In recent years that has increasingly meant treating overdoses from opioids and other drugs. We acknowledge that there are opportunities to increase access to care in our state's communities – and

those should be separately pursued – but we do not feel that further proliferation of opioids and other prescription drugs is an appropriate solution that would benefit our state's residents.

The current allowance for naturopaths to perform “minor office procedures” is drawn narrowly in [statute](#). Even under that narrow definition, naturopaths have sought authority for stem cell procedures, vasectomies, in-clinic abortions, and the use of nitrous oxide, among other procedures. It's difficult to imagine the breadth of services that naturopaths might consider to be included under the revised definition of minor office procedure as proposed, but it's foreseeable that the procedures would carry significant risk of adverse events.

Our state's emergency departments are currently overloaded. We can't risk jeopardizing patient safety and further straining emergency departments by empowering naturopaths to perform increasingly difficult procedures that can be dangerous when performed by practitioners who lack appropriate education and training.

Under the [statute](#) that governs the Sunrise Review process, the bar for the Department supporting a scope of practice expansion is appropriately high, with key considerations including a profession providing assurance of their ability to protect the public from harm through the scope increase, typically with increased education and training. The fact that the applicant repeatedly asserts that no additional education and training would be necessary for naturopaths' scope to be dramatically expanded is strong evidence that the proposal is neither serious nor responsible and would not adequately protect the public.

All residents of our state deserve access to safe, high-quality health care and WA-ACEP stands ready to partner on solutions that will appropriately increase access to care. The Sunrise Review proposal from WANP is not a solution and will not benefit the residents of our state. We urge the Department to oppose the proposal.

Thank you for your consideration. WA-ACEP welcomes the opportunity to provide further information as appropriate, and will continue to participate in this process as it moves forward.

Sincerely

Joshua Frank, MD, FACEP  
WA-ACEP President Elect

Carl Heine, PhD, MD, FACEP  
WA-ACEP Past President



12/06/2023

Ms. Sherry Thomas  
Regulatory Analyst  
Washington State Department of Health

Re: SB 5411 sunrise review comment

Dear Ms. Thomas –

Please accept the following as the Washington Medical Commission's comments regarding the sunrise review of SB 5411. These comments were prepared at the direction of the Commission after it reviewed the application and supporting materials.

As an initial matter, please consider the attached copy of a letter submitted during a previous iteration of the Department's consideration of a nearly identical request in 2014. The letter from then-chairperson of the Commission, Dr. Richard Brantner, highlights two primary concerns about expansion of controlled substances prescriptive authority for naturopaths. The first is best summarized as a concern that naturopaths do not receive adequate training in the diagnosis of serious health conditions that may require use of controlled substances. The second issue Dr. Brantner raised was a concern about the prevalence of overdose deaths from prescription opioids. These two concerns remain front and center for the Commission. The underlying conditions have evolved over the past nine years, but the fundamental issues remain: 1) inadequate training for the purpose of preparing a naturopath to treat patients using the full bandwidth of controlled substances; and 2) significant public health challenges remain with mitigating addiction and abuse of opioids.

On the training front, the Washington Association of Naturopathic Physicians (WANP) omitted several important considerations in its proposal. First and perhaps most significantly, in Washington allopathic physicians go through intense, regimented hands-on clinical training after graduation from medical school where they are overseen by established physicians. (This period is commonly referred to as residency.) This postgraduate training is required under Washington law to be licensed. The lessons learned during this period are a fundamental part of a physician's ability to practice immediately upon full licensure without any additional supervision. It takes the didactic and academic parts of the practice of medicine and helps physicians learn how to apply them to help patients in a safe and effective manner to strict accreditation standards set at the national level. In contrast to this training, naturopaths are not required to go through any period of postgraduate clinical training. While some schools do offer residency programs, they are optional and typically require a student to pay to participate in them.

The same training that benefits medical school graduates also benefits physician assistants. Similarly, physician assistants do not graduate from their training program on one day and enter unsupervised practice the next. Physician assistants are required to enter into an agreement with an allopathic or osteopathic physician wherein they collaborate with and are mentored and supervised.

The Commission believes one of the factors that has helped decrease overdose deaths was the development of rules that appropriately regulate opioid prescribing. These rules were required by the Legislature in legislation passed in 2017. The five prescribing disciplinary authorities went through an arduous and lengthy process of meeting with interested parties and educating their respective license holders. That process took several years and again, reflects the Legislature’s concern about the impact of opioid medications being prescribed by clinicians who already had significant training. The Board of Naturopathy has no commensurate mandate or requirements, let alone expertise, given that very few naturopaths have any clinical experience in prescribing the full band of controlled substances.

Finally, the application also requests a change to RCW that would vest authority over an important scope of practice provision in the Board of Naturopathy’s scope of practice act. The technical merits of placing a profession’s scope of practice under the authority of the regulatory body are best left with others within the Department of Health to discuss. It represents a relatively unique approach within the other healthcare licensing statutes.

However, the Commission would like to register strong concern about the WANP application discusses potential additions to “minor office procedures”. In past discussions, albeit informally, the Board had discussed vasectomies and dilation and curettage as potential procedures that might consider categorizing as minor office procedures under RCW 18.36A.040. It is notable in the 2023 legislative session the legislature did not see fit to allow naturopaths to be named as practitioners able to perform surgical abortion procedures such as dilation and curettage nor did the legislature see fit to include naturopaths in the death with dignity act revision which included naming physician assistants as authorized practitioners.

In short, the Commission does not believe either of these procedures can be considered minor office procedures under any commonsense application of the phrase. Again, while somewhat outside the direct scope of the sunrise review application, the Commission felt there is significant enough risk to patients to express its concern.

The concerns that prompted the Commission to comment nine years ago remain largely unchanged – increased scope of practice for naturopaths as outlined in the WANP proposal has not been met with required increases in education or training and is not safe for the Washington patients. The Commission thanks the Department for the opportunity to comment.

Sincerely,



Kyle Karinen, Executive Director  
Washington Medical Commission



enc



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION  
*PO Box 47866, Olympia, WA 98504-7866*

July 24, 2014

Ms. Sherry Thomas  
Washington State Department of Health  
P.O. Box 47850  
Olympia, Washington 98504-7850

Re: Sunrise review addressing naturopathic prescriptive authority

Dear Ms. Thomas:

I am the Chairman for the Medical Quality Assurance Commission. I have received comments from several members of the Medical Commission commenting on the sunrise review application to allow naturopathic physicians to prescribe controlled substances contained in Schedules II through V of the state's Uniform Controlled Substances Act. I oppose the proposal for the following reasons:

First, naturopaths do not have the necessary training and education to safely and effectively prescribe controlled substances. Medical and osteopathic physicians receive extensive training in pharmacology and in the clinical application of pharmacology in their medical specialty training. This training and clinical application is critical as many controlled substances are complicated to use and are highly addictive to patients. Naturopaths are trained to use naturopathic medicines, as defined in RCW 18.36A.020(9). Naturopaths do not have the training to diagnose serious conditions that may require the use of controlled substances, and then to prescribe controlled substances in a safe and effective manner.

Second, the proposal is inconsistent with legislation passed in 2010. The legislature passed HB 2876 to address a public health crisis: the rapid increase in overdose deaths from prescription opioids. The legislation directed five boards and commissions to develop rules governing the management of chronic non-cancer pain. The result was significant. Last year, the Department of Health announced that the overdose death rate dropped 23% between 2008 and 2011. Though this decrease in deaths is the result of a concerted state-wide effort to address this problem, the legislation played a key role in raising awareness of the issue, and in the Medical Commission's development of an educational program to educate providers on safe and effective use of opioids in managing chronic pain. Permitting naturopathic physicians, with their limited training in



July 24, 2014  
Page 2  
Ms. Sherry Thomas

pharmacology, to prescribe all controlled substances may very well negate the public safety gains from this important legislation.

For these reasons, I believe the proposal will not promote safe and effective prescribing of controlled substances. I recommend that the Department of Health inform the Legislature that expanding the scope of a naturopathic physician's practice to include prescribing all controlled substances places patients at risk and is not in the public interest.

Thank you for the opportunity to express the concerns on this proposal.

Sincerely,

A handwritten signature in black ink, appearing to read "Richard A. Brantner MD". The signature is fluid and cursive, with a long horizontal stroke at the end.

Richard A. Brantner, MD  
Chairman, Washington State Medical Quality Assurance Commission

November 20, 2023

Sherry Thomas  
Policy Coordinator  
Health Systems Quality Assurance

RE: Naturopathic scope of practice sunrise review

Dear Ms. Thomas,

On behalf of the more than 100 member hospitals and health systems across Washington, the Washington State Hospital Association (WSHA) appreciates the opportunity to comment on the Department of Health's (Department) sunrise review of naturopathic scope of practice.

We urge the Department not to support this proposed scope expansion. Historically, WSHA has often remained neutral on scope expansion. However, the proposal by the Washington Association of Naturopathic Physicians (WANP) rises to a level of concern that warrants our engagement. WSHA is concerned that changes in scope of practice will result in more patients needing specialty and hospital services when patient conditions are not appropriately managed in primary care. Hospitalists already report treating unnecessary worsening of primary care conditions due to naturopathic mismanagement. This is often seen in patients with chronic conditions like diabetes.

**Being recognized as a primary care provider does not confer equal scope.**

In its proposal, WANP contends that naturopaths are, "trained to be primary care physicians," but that "the current scope of practice does not match that of all other recognized primary care providers in Washington."

Naturopaths are not primary care physicians. Being recognized as a primary care provider does not mean that one is qualified to provide the full scope of primary care services. An increasing number of patients seeking naturopathic treatment does not justify an expansion of scope. Scope of practice for primary care physicians, physician assistants, advanced registered nurse practitioners, naturopaths, and others is differentiated based on education and training. Their scopes are not the same, and while overlap may exist, there are necessary limitations for providers who are not physicians to ensure patient safety. The Department must preserve patient safety.

**There is no assurance of professional ability to perform the increased scope of practice.**

Naturopathic medicine is a distinct health care profession that is philosophically and foundationally different to allopathic and osteopathic medical practice. It is not science-based, scientific research-based, and does not adhere to medically accepted standards of care. Naturopathic education and training emphasize natural healing. Bastyr University's website describes the science of the naturopathy degree program as, "basic."<sup>12</sup>

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<sup>1</sup> Naturopathy Doctorate Degree Program Overview. Retrieved November 16, 2023, from <https://bastyr.edu/academics/naturopathic-medicine/doctoral/naturopathic-doctorate>

<sup>2</sup> 2022-2023 Academic Catalog » School of Naturopathic Medicine. Retrieved November 16, 2023, from <https://bastyr.smartcatalogiq.com/en/2022-2023/2022-2023-academic-catalog/school-of-naturopathic->



While its curriculum may include similarly sounding courses taught in allopathic and osteopathic medical education, the depth and breadth of study is not commensurate.

**Prescriptive authority should not be expanded.**

WANP has not demonstrated sufficient evidence to support a change in recommendation since the 2014 sunrise review. The Department’s sunrise review on this same topic in December 2014 did not recommend in favor of the proposal to expand naturopathic prescriptive authority to all Schedule II-IV controlled substances. The Department found that, “The applicant hasn’t demonstrated that naturopaths receive adequate education in clinical pharmacotherapy of prescribing opioid, antianxiety, sedative, hypnotics, and amphetamine substances to treat various disease states to safely prescribe controlled substances.”

WANP asserts that, since that time, no increase in training or education is immediately necessary because: 1) continuing education for Washington-licensed naturopathic physicians has been overhauled to better align with other advanced scope health professions; and 2) naturopathic schools have been ensuring competence to the proposed scope based on advanced prescriptive authority and practice of licensed naturopaths in other states.

As previously stated, naturopathic education and training is not commensurate with allopathic and osteopathic medical education and training, and continuing education does not supplant deficiencies in core training. Ensuring competence to the proposed scope using advanced prescriptive authority and practice in other states is not an adequate metric for demonstrating core competence. It is especially inadequate when considering the proposed scope expansion exceeds that of any other state without commensurate changes to core education.

**The definition of minor office procedure is vague.**

The proposal also seeks to change the definition of “minor office procedure” to include primary care services and treatment of minor injuries, neither of which are defined. This has been interpreted to include things like in-office abortion and vasectomies.

Without restriction, this definition would allow for practice that significantly exceeds the bounds of naturopathic education and training in Washington and any other state. If using Oregon as an example of having the same scope of practice sought in the proposal, we would be remiss to not mention that Oregon does not even allow naturopaths to prescribe Mifepristone and Misoprostol to be used as an abortifacient.<sup>3</sup>

**The proposed scope does not provide the most cost-beneficial option and will result in public harm.**

Authorizing an expansion of scope that is unsupported by requisite education and training is a threat to patient safety. Controlled substances are dangerous. Mental and behavioral health conditions do not exist in a vacuum. Improperly treated minor injuries can quickly necessitate more complex care. Referrals for medical treatment and controlled substances are not a disruption of health care – they are necessary to ensure that patients are seeing the most qualified professional to treat their conditions.

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[medicine/graduate-programs/doctor-of-naturopathic-medicine/?\\_gl=1\\*9v06mo\\*\\_ga\\*ZWR1Y2F0ZS5iYXN0eXluZWR1\\*\\_ga\\_C2C45L895Y\\*MTcwMDE1OTA2MS4xLjEuMTcwMDE1OTUzOC42MC4wLjA](https://www.wa.gov/medicine/graduate-programs/doctor-of-naturopathic-medicine/?_gl=1*9v06mo*_ga*ZWR1Y2F0ZS5iYXN0eXluZWR1*_ga_C2C45L895Y*MTcwMDE1OTA2MS4xLjEuMTcwMDE1OTUzOC42MC4wLjA).

<sup>3</sup> OR [850-060-0223](https://www.legis.wa.gov/bills/2019/0223)

Additionally, purported safety and competency to prescribe legend drugs and very limited controlled substances does not equate to safety and competency to prescribe all controlled substances. Allowing this prescriptive authority would be at the expense of patient safety and is contrary to the state's efforts to curb opioid prescribing.

WSHA urges the Department to consider the consequences of this proposal and the impact it will have on the health care system.

Thank you for your consideration. Please contact Katerina LaMarche at [katerinal@wsha.org](mailto:katerinal@wsha.org) if you would like to discuss this further or have any questions.

Sincerely,



Chelene Whiteaker  
Senior Vice President, Government Affairs  
Washington State Hospital Association



Katerina LaMarche  
Policy Director, Government Affairs  
Washington State Hospital Association



Dear Ms. Thomas,

Thank you for the opportunity to provide comment on the sunrise review of the naturopathic scope of practice. I am a physician practicing in general surgery. I am opposed to the proposed naturopathic scope of practice expansions. I strongly urge the Department of Health to oppose all elements of the proposal, which would compromise the safety of our patients and the effectiveness and quality of care delivered in our state.

Naturopathic education does not prepare a naturopath to accurately diagnose or provide the medical treatment considered in the application. As a physician, I completed four years of medical school (fast-tracked over a three year program) where I received a comprehensive medical education. I completed didactic courses in pharmacology (and in fact have a BSC (hon) in Pharmacology) as well as the clinical application of pharmacology. After graduation and passing the Canadian medical student examinations (LMCC), I spent 5 years completing a residency where I learned to perform my duties safely and effectively. I have also passed the American medical student examinations (LMCC), and am doubly board certified by the Royal College of Physicians and Surgeons of Canada and by the American Board of Surgery. By contrast, a naturopath's education emphasizes "natural healing" and not evidence-based practices and methods. The focus on "natural healing" does not allow for the same level of emphasis on treating many medical conditions. Naturopaths are not required to complete residency. The education and training of a naturopath is not equivalent to that of a physician and does not prepare a naturopath to safely perform the duties contemplated in SB 5411. In reviewing the curriculum for a ND through Bastyr University, a naturopathic student only has to complete a minimum of **1200 clinical hours** to graduate, **without any further clinical training** required. Contrast that with a medical student who must complete at least **5000-6000 clinical hours** prior to then moving on to residency, where family physicians alone complete anywhere from **9000-10000 clinical hours**.

The proposal under review would grant a naturopath prescriptive authority for schedules II-V without stipulating any additional education and training. Schedule II drugs are classified as such because of the high potential for abuse, psychological dependence, or physical dependence, as well as the potential for adverse interactions with other drugs and conditions. While Schedule II drugs are those that have the highest potential for abuse, all scheduled drugs can be dangerous when mis-prescribed and/or misused, which is why they are scheduled in the first place. There is no shortcut to being able to safely prescribe controlled substances. Comprehensive medical education and training are required to be able to understand not only a given drug and condition, but also how that drug may interact with other drugs a patient may be taking or other conditions they may have.

The proposal would also modify the current "minor office procedure" provision within the naturopathic practice act to include "primary care services" and "procedures incident thereto of minor injuries" without providing context or specificity. As a general surgeon who knows the training and experience required to do even minor procedures, this terrifies me both as a physician and as a lay person. The proposal also considerably broadens the allowance for naturopaths to perform "injections." These updates to the naturopathic minor office procedures provision would open the door to any number of interpretations without ensuring that requisite education and training have been attained. In any scope of practice proposal, the

consideration of patient safety and ensuring high-quality care are paramount. The risks associated with allowing underqualified providers to perform unspecified procedures and treat undefined levels of injuries outweigh any potential benefits.

Thank you for the opportunity to share my concerns with this proposal. Again, I urge the department to oppose all elements of the proposal.

Sincerely,

Zoe Parr  
(MD, FRCSC, FACS)